## Best Available Copy

## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/553/23

CLAIMS AS FILED - PART I									1930/201			
_	•		(Co	lumn 1)		(Column 2)		8MALL EI	YTITK	OI	OTHER THAN 8MALL ENTITY	
U.S. NATIONAL STAGE FEES				,			1	RATE	FEE	٦	RATE	<del>-</del>
BASIC FEE			SMALL E	SMALL ENT. = \$ 160		RGE ENT. = \$ 800		BASIC FEE	+	٦,		FEE
EXAMINATION FEE			Satisfies PC	Salisfies PCT Article \$3(1)- . (4) = \$ 50 / \$ 100		other situations =	١.	EXAM, FEE	<del></del>	OF		300
SEARCH FEE .			U.S. is ISA ALL other	U.S. is ISA = \$50/\$100 ALL other countries = \$ 200/\$ 400		\$ 100 / \$ 200 other situations = \$ 250 / \$ 500		SEARCH FEE	<del>                                     </del>	-	EXAM. FEE SEARCH FEE	200
EE FOR EXTRA SPEC. PGS.				minus 100 =		/ 50 ≐		X \$ 125 =	<del> </del>	-	<u></u>	170
TOTAL CHARGEABLE CLAIMS			30	30 minus 20 =		-10.		X \$ 25 =	<del> </del>	-	X \$ 250 =	<u> </u>
NDEPENDENT CLAIMS			2 minus 3 =					-	ļ	OR	X \$ 50 =	500
/UL	TIPLE DEPE	NDENT CLAIM PR	ESENT	1				X \$ 100 =	<u> </u>	OR	X \$ 200 =	
		e in column 1 is		em enter *0	" in o		l	+ \$ 180 =	· .	OR	+ \$ 360 =	
	•			•		olumn 2		TOTAL		OR	TOTAL	1400
_	·	CLAIMS AS (Column 1) CLAIMS	(Colum	- PART II (Column 2) (Column 3) HIGHEST			SMALL E	NTITY	OR	OTHER SMALL	THAN ENTITY	
X		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	ŀ	RATE	ADDI- TIONAL FEE	·	RATE .	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		ÓR	X \$ 50 =	1 4 4 4
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	<u> </u>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =	<del></del>	OR	+ \$ 360 =	
							1	OTAL ADDIT. FEE	·	OR	TOTAL ADDIT.	
	•	(Column 1)		(Colum	n 2\	(Column 3)		ree [		1 ***	FEE	
AMENDMEN! B		CLAIMS REMAINING · AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	ST R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	*	Minus	**		Ė		X \$ 25 =	- Inte	OR	X \$ 50 =	FEE
	ndependent	•	Minus	***	•	= ,	-	X \$ 100 =		-		<del></del>
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR	X \$ 200 =	· ·
_J.					- 11111	L.J	_	+ \$ 180 =		OR	+ \$ 360 =	•
	•					• •		FEE		OR 1	OTAL ADDIT. FEE	
							٠.	٠.				

nously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.